

Case name: _____

Worker's name: _____

Worker's telephone number: _____

PROPERTY SUPPLEMENT

STOP: If you are applying for no-cost Medi-Cal for **children** and/or **pregnant women** applying for pregnancy related services, you do not need to complete this form. You may be contacted later if necessary.

GO: If you are applying for full coverage Medi-Cal for a family including adults, pregnant women, and children, please complete this form and be sure to list all your property. The county worker will determine which properties are important to your application. If you have any questions, please contact your worker. **Note:** Owning a home does not make you ineligible for Medi-Cal.

Mark the box under **YES** or **NO** for each item held in the name of, or held for the benefit of a Medi-Cal applicant, parent, stepparent, child, or spouse of a Medi-Cal applicant. Please follow the instruction below each question.

	YES	NO	ITEM
1.	<input type="checkbox"/>	<input type="checkbox"/>	Shares of stock or mutual funds. <i>If yes, please provide a copy of the stock or mutual fund certificates indicating the number of shares.</i>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Individual Retirement Accounts (IRAs), Keoghs, or work-related pension funds. <i>If yes, please provide the most recent statements from your employer, financial institution, or brokerage indicating the amount of principal and interest you are receiving or the cash value (after penalties for early withdrawal).</i>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Annuities, burial trusts, burial contracts or burial insurance, trusts, blocked accounts, court-ordered settlements, judgments, orders for support, prenuptial and post-nuptial agreements, promissory notes, mortgages, deeds of trusts, etc. <i>If yes, please provide copies of the policies, contracts, trusts, purchase agreements, court orders, account documents showing investments and distributions.</i>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Business accounts and property. <i>If yes, please provide tax returns, invoices, receipts, licenses, profit and loss statements, etc.</i>
5.	<input type="checkbox"/>	<input type="checkbox"/>	House, condominium, ranch, land, mobile home, or life estate that is your home that you live in, or that is your former home and is lived in by your spouse, child under 21, disabled son or daughter, dependent relative, or a sibling who lived in the property continuously and provided care for one year which enabled you to remain in the home rather than a nursing facility. <i>If yes, please list address of property here: _____</i> <i>No verification is required.</i>
6.	<p>If you own a home or former home and you are absent for any reason (including admission into long-term care) but intend to return home someday, please indicate below. NOTE: The word "intend" means "desire or wish" to return home even though you may not be physically or mentally able to do so.</p> <p><input type="checkbox"/> Yes, I intend to return home someday.</p> <p><input type="checkbox"/> No, I do not intend to return home someday.</p>		

No verification is required if you answered that you do intend to return home someday. If you answered that you do **NOT** intend to return someday, please submit a copy of the most recent tax assessment. If you choose to, you may provide an appraisal from a qualified real estate appraiser and that value will be used if it is lower.

8. ☐ ☐ Motorcycles, trailers, boats, or other motorized vehicles that are not used by you as a home.
- Please provide a copy of the most recent registrations, copies of "pink slips," purchase agreements, sales receipts, or estimates of value from a qualified source. On the submitted verification for each item, indicate if the item is used :*

9. ☐ ☐ Jewelry (not wedding rings, engagement rings, or heirlooms) worth more than \$100.00.
If yes, please provide copies of sales receipts, appraisals, estimates of value or insurance documents.

11. ☐ ☐ Has anyone spent or used any of the items listed above in payment for, or as security for medical services?
If yes, please explain below and attach verifications.

- Additional information:**

[illegible]